

Self-Certification of Eligibility for COVID-19 Emergency Child Care

California Department of Education

I certify that my family is eligible for COVID-19 Emergency Child Care, as one of the following:

1. My child is identified as one of the following at-risk populations:

Receiving services from Child Protective Services (CPS) or at risk of abuse, neglect; or exploitation, *or*

Participating in the Emergency Child Care Bridge Program for Foster Children, *or*

Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act, *or*

Is the survivor of domestic violence, and my family also meets the following eligibility and need requirements:

Not Applicable

I have provided my family's current adjusted monthly income and family size; *or*

My family currently receives CalWORKS cash aid

and

1a. Child Care services are needed as I am:

Employed or seeking employment, *or*

Engaged in an educational program for English Language Learners or to obtain a high school diploma or general educational development certificate

Engaged in vocational training leading directly to a recognized trade, paraprofessional or profession, *or*

Seeking permanent housing for family stability, *or*

Incapacitated

2. My child:

Has disabilities or special health care needs whose Individual Education Programs (IEP) or Individual Family Services Programs (IFSP) include early learning and child care services, and my family also meets the following eligibility and need requirements:

Not Applicable

I have provided my family's current adjusted monthly income and family size,
or

My family currently receives CalWORKS cash aid;

and

2a. Child care services are needed as I am:

Employed or seeking employment, *or*

Engaged in an educational program for English Language Learners or to obtain a high school diploma or general educational development certificate, *or*

Engaged in vocational training leading directly to a recognized trade, paraprofessional or profession, *or*

Seeking permanent housing for family stability, *or*

Incapacitated

3. I am an Essential Worker, working in one of the employment sectors set forth below, am unable to work remotely to complete my job duties, and require child care in order to perform the essential work. In addition, I am eligible for COVID-19 Emergency Child Care as:

I have provided my family's current adjusted monthly income and family size,
or

My family currently receives CalWORKS cash aid

3a. My essential work is in the following employment sector:

Health Care Services

Emergency Services

Food and Agriculture

Child Care and/or Education

Critical Infrastructure

State or Local Government

Energy

Transportation and Logistics

Communications and/or IT

Critical Manufacturing,
Hazardous Materials, Financial
Services, and Chemical
Industries

Another field listed in EO N-33-20

I further understand that to receive Emergency Child Care, my family's assets cannot exceed \$1 million dollars. This self-certification is a requirement for my child(ren), named below, to be enrolled in an Emergency Child Care program.

Name(s) and birthdate(s) of child(ren) to be enrolled and included in family size:

_____	_____
_____	_____
_____	_____
_____	_____

Total hours of childcare per week needed: _____

My family's current total adjusted monthly income and family size are as follows (if applicable):

Monthly adjusted income: _____

Family size (include children under 18 and parents/ guardians) : _____

If for any reason this attestation is found to be false; I understand that I will not have met an eligibility requirement for the receipt of COVID-19 Emergency Child Care and my child(ren) may be subject to immediate disenrollment from any program my child(ren) is/are attending. I also understand that receipt of Emergency Child Care is subject to receipt of funding and that termination of services due to lack of funding or the program ending will not be subject to an appeal.

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Parent or Guardian Name (printed): _____

Parent or Guardian Signature: _____ **Date:** _____

Parent or Guardian Contact Information

Phone Number: _____ Email: _____

Home Address: _____

Additional Information:

Parent or Guardian Relationship to the child/ren: _____

Language: _____

Parent or Guardian Race:

American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander Caucasian Not Specified

Parent or Guardian Ethnicity:

Not Hispanic or Latino Hispanic or Latino Not Specified

Child/ren Race:

American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander Caucasian Not Specified

Child/ren Ethnicity:

Not Hispanic or Latino Hispanic or Latino Not Specified

Provider Information:

I do not know who I would like my provider to be, and I am in need of referrals

I know who I would like my provider to be: Provider/ Facility Name _____

Address _____

Type of Care: Licensed Center Family Child Care Home

Licensed Exempt Individual: (if selected please select relationship to child)

No Relation Grandparent Aunt/Uncle Other Relative